Scotland's national naloxone program: the prison experience

Horsburgh, Kirsten; McAuley, Andrew

Published in:
Drug and Alcohol Review

DOI:
10.1111/dar.12542

Publication date:
2018

Document Version
Author accepted manuscript

Scotland's National Naloxone Programme: the prison experience

*Kirsten Horsburgh, Dip HE Mental Health Nursing, National Naloxone Coordinator, Scottish Drugs Forum

Andrew McAuley, Senior Epidemiologist, BBVSTI Team, Health Protection Scotland and Senior Research Fellow, School of Health and Life Sciences, Glasgow Caledonian University

*corresponding author: Scottish Drugs Forum, 91 Mitchell Street, Glasgow G1 3LN. Tel: 00 44 141 221 1175

Conflict of interest

Both authors served on Scotland's National Naloxone Advisory Group until it was dissolved in March 2016, but write in a personal capacity.

Introduction

In 2010, Scotland became the first country to implement a national naloxone programme (NNP) which aimed to make naloxone available to anyone at risk of opioid overdose [1]. Take-home naloxone (THN) supplies are typically made from community addiction and harm reduction services including community pharmacy. Further details on the key components of the NNP are available in detail elsewhere [1,2,3,4]. As well as community-based supplies, THN is made available to prisoners-on-release. Prisoners were identified as a key target population for the NNP given their elevated risk of drug-related death in the first few weeks following liberation [5,6]. On average, 7,800 individuals are incarcerated within Scotland's prisons daily [7] and a third of those entering prison test positive for opiates at reception [8].

There is limited published evidence in relation to the structure or indeed impact of prison-based THN programmes. This commentary provides an overview of the first author's experiences of coordinating the NNP in Scotland within the Scottish Prison Service with a particular focus on: delivery model; challenges; and developments.

Delivery model

Prisoners who test positive for opiates at reception, or advise prison staff of recent/current opiate use (including opiate replacement therapy), are made aware of the NNP and asked if they would like to receive training in the use of naloxone during their sentence. Those expressing an interest at this stage are followed up by NHS healthcare staff based within the prison, normally within 6 weeks prior to their liberation date, but training can be completed at any time during their sentence. Those who decline to be involved at this stage are re-approached at later dates in their sentence by NHS healthcare staff and encouraged to participate. It is recognised that the point at which prisoners are initially entering prison is not an optimal time to be considering health interventions that will be

utilised post-release and where other competing issues related to their impending loss of liberty may take priority and the THN message could potentially be 'lost' [9].

For those prisoners who agree to participate, NHS healthcare staff will typically deliver a naloxone training session for them close to their release date [either from prison or court], often in combination with other pre-release programmes.

Implementation challenges

Training

Initially, NNP training within the prison service was designed to be delivered in a group setting facilitated by two members of staff (one clinical). This model presented a variety of problems. Firstly, from an operational perspective, organising key personnel (i.e. trainers and participants) to be all in the one place/time proved to be problematic due to the prison regime in addition to the presence of competing priorities for prisoners (e.g. attending gym sessions, work places and visits) [10]. Prison officers were required to escort prisoners to wherever the training was taking place, however this was not always facilitated as prisoners were often reportedly unwilling to attend the sessions. Availability of staff also impacted on delivery of naloxone training sessions as a result of the requirement for sessions to be co-facilitated.

Secondly, from an individual perspective, group sessions were not always suitable in the prison environment, particularly with the subject under discussion having the potential to be emotive for those involved; indeed the majority of people who use drugs will have had personal experience of overdose or experienced the loss of friends and loved ones through overdose, often recently [11,12,13]. Having to practice basic life support may also have been intimidating for some in a group setting, in particular those with no previous training, knowledge or skills in the subject area.

Due to the high numbers of refusals to attend groups, and the challenging operational factors identified above, prisons have recently moved to replicate the community NNP training model of brief interventions, delivered in a one-to-one format over 10-15 minutes and requiring only one member of staff to facilitate. The transition from mainly group-based training sessions to one-to-one brief interventions is in line with emerging evidence which suggests that brief education is sufficient to improve individual abilities in recognising and managing overdose [14].

Reception

Although the processes may vary slightly between establishments, generally once a prisoner has been trained nursing staff are required to label a naloxone kit and deliver this to the reception area where the prison officers have responsibility for transferring the kit into the prisoners valuable property. The prisoner then collects their property on release.

During the early implementation of the NNP, difficulties emerged in relation to ensuring naloxone kits were placed within the prisoners' valuable packs [10]. This issue reportedly stemmed from a lack of awareness among prison officers regarding what the medication was and highlighted a major need to ensure that prison officers were better informed about naloxone in order to implement a more streamline process at the point of release.

The limited awareness among prison officers regarding naloxone at the outset of the programme [and its knock-on effects in relation to prisoners attending training and/or receiving their kits on release] is not unique to Scotland and has been reported elsewhere [9]. Crucial to overcoming these issues has been dedicated training initiatives focussed on the prison officers themselves. Often acting as gatekeepers to in-house training programmes, the role of prison officers is vital in helping to normalise take-home naloxone within the prison environment and in breaking down accessibility barriers.

Developments

Peer Education

To address apparent low engagement with the NNP across Health Boards, a community naloxone peer education initiative was initiated by Scottish Drugs Forum (SDF) in 2012 [15]. This was subsequently extended to the prison service, with work progressing in four prison establishments aimed at involving peers more centrally in the delivery of the NNP. To date, across the four establishments, a total of 63 male and 6 female prisoners have completed the SDF naloxone peer education training. Training is delivered over two days with the support of the prison service and subsequent monthly follow-up sessions are offered to the peer trainers and staff involved in the programme.

Generally prison staff will identify prisoners who may be suitable to become naloxone peer educators, however peers who have low supervision status i.e. privileges which allow them wider access to other prisoners to deliver the training and to implement the programme effectively. For example, in one establishment, peers introduced a section on naloxone in the prison induction programme that was already peer delivered. This awareness session is therefore delivered to all new prisoners in that establishment who attend induction. At this stage, peers will gather a list of those interested in completing the training and they will be offered the opportunity to attend either a group or a one-to-one training session delivered by peers themselves. Once they have completed their training, peers pass on the names and prisoner numbers to the NHS healthcare staff who will then ensure that a naloxone kit is provided within their valuable property on release.

The peer education approach potentially enhances the NNP greatly due to the credibility of peers, the message(s) they are able to get across and the collaborative working between prisoners and staff. As well as having the appropriate supervision status, the length of stay of prisoners is important when selecting peer trainers in the prison environment. Ideally long-term prisoners will be involved to avoid a requirement to constantly re-train new peers. The relocation of prisoners is also

challenging as the establishment they move to may not be equipped to support them in their peer-education role.

Use of peers to deliver information and education on overdose and naloxone within has been recommended previously by both prison staff [10] and people who use drugs [16]. However, the impact of this peer-led innovation is not yet known, but is important in terms of future research.

Naloxone availability for prison officers

A new development for the Scottish Prison Service is an agreement that naloxone will be made available in an emergency for prison officers to use when they arrive first on the scene. Prior to this, health professionals would be required to intervene; in the absence of available medical staff (e.g. overnight) an ambulance would typically be called which can often take time to arrive. This new initiative has already been introduced in one prison establishment with further roll out across the prison estate planned. Providing prison officers with the skills to intervene with naloxone in an overdose emergency could save vital time and create an additional window to allow the emergency medical services to attend and provide specialist care if required. These developments mirror attempts in other territories to increase availability and accessibility of naloxone beyond small numbers of specialist staff within prisons. For example, in New York state, a wide standing order has been approved which enables nursing staff to administer naloxone to anyone within correctional facilities without first obtaining a physician order. Prior to this development, nurses required individual doctor orders when an overdose was suspected [17].

Conclusion

The NNP in Scotland marked an important milestone in drug policy. Evidence is now emerging to demonstrate the reach and impact of the programme, but also in relation to the barriers it has faced and the innovation and partnership working required to overcome them. Implementation across Scottish Prisons has posed particular challenges linked to both operational issues within prison

establishments and individual factors affecting staff delivering, and prisoners engaging, with the programme. This commentary has described how the development of the programme in prisons has adapted to these challenges to a point where a largely consistent model is in place and where prisoners-on-release are reaping the benefits in terms of reduced opioid-related mortality.

Acknowledgements

The authors would like to thank Emma Christie of the Scottish Prison Service and anonymous peer reviewers for constructive comments on earlier drafts of this paper.

References

1. McAuley A, Best D, Taylor A, Hunter C, Robertson R. From evidence to policy: the Scottish national naloxone programme. Drugs: Education, Prevention & Policy 2012; 19: 309 – 319.

2. Bird SM, Parmar MKB, Strang J. Take-home naloxone to prevent fatalities from opiate-overdose: protocol for Scotland's public health policy evaluation, and a new measure to assess impact. Drugs: Education, Prevention and Policy 2015; 22: 66-76.

3. Bird SM, McAuley A, Perry S, Hunter C. Effectiveness of Scotland's National Naloxone Programme for reducing opioid-related deaths: a before (2006–10) versus after (2011–13) comparison. Addiction 2016; 111: 883–891.

4. McAuley A, Munro A, Bird SM, Hutchinson SJ, Goldberg DJ, Taylor A. Engagement in a National Naloxone Programme among people who inject drugs. Drug Alcohol Depend 2016; 162: 236-240.

5. Merrall ELC, Kariminia A, Binswanger IA, Hobbs MS, Farrell M, Marsden J, et al. Meta-analysis of drug-related deaths soon after release from prison. Addiction 2010; 105: 1545–1554.

6. Bird SM, Hutchinson SJ. Male drugs-related deaths in the fortnight after release from prison: Scotland, 1996-1999. Addiction 2003; 98: 185 – 190.

7. Scottish Government. Prison statistics and population projections Scotland: 2013-14. Scottish Government: Edinburgh: 18 December 2015. Available from: http://www.gov.scot/Resource/0049/00491398.pdf

8. Scottish Prison Service. Addiction Prevalence Testing for PerformanceMeasurement Purposes 2014–15. Scottish Prison Service, Edinburgh: November 2014. Available from: http://www.scotpho.org.uk/downloads/drugs/SPS-Addiction-Prevalence-Testing-Stats-Final-2014-15.pdf

9. Sondhi A, Ryan G, Day E. Stakeholder perceptions and operational barriers in the training and distribution of take-home naloxone within prisons in England. Harm Reduction Journal 2016; 13:5.

10. Watt G, Jaquet S, Ellison S, Christie I, Nicholson J. Service Evaluation of Scotland's National Take-Home Naloxone Programme. Scottish Government, Edinburgh: 27 May 2014. Available from: www.gov.scot/Resource/0045/00451251.pdf

11. Darke S, Ross J HALL W. Overdose among heroin users in Sydney, Australia: II. Responses to overdose. Addiction 1996; 91: 413–417.

12. Mcgregor C, Darke S, Ali R, Christie P. Experience of non-fatal overdose among heroin users in Adelaide, Australia: circumstances and risk perceptions. Addiction 1998; 93: 701–711.

13. Strang J, Powis B, Best D, Vingoe L, Griffiths P, Taylor C et al. Preventing opiate overdose fatalities with take-home naloxone: pre-launch study of possible impact and acceptability. Addiction 1999; 94: 199–204.

14. Behar E, Santos G-M, Wheeler E, Rowe C, Coffin PO. Brief overdose education is sufficient for naloxone distribution to opioid users. Drug and Alcohol Dependence 2015; 148: 209–212.

15. Scottish Drugs Forum. Naloxone Peer Educator Initiative. Scottish Drugs Forum, Glasgow: 2012. Available from: http://www.sdf.org.uk/drug-related-deaths/naloxone-peer-educator-initiative/

16. Wright N, Oldham N, Francis K, Jones L. Homeless drug users' awareness and risk perception of peer "Take Home Naloxone" use – a qualitative study. Subst Abuse Treat Prev Policy 2006. doi: 10.1186/1747-597X-1

17. Zucker H, Annucci AJ, Stancliff S, Catania H. Overdose prevention for prisoners in New York: a novel program and collaboration. Harm Reduction Journal 2015; 12:51.